

Youth Day Camp Registration Form

***Make check payable to and mail your registration to:**

Middletown Recreation

61 Durant Terrace, Middletown, CT 06457.

***Camp Registration deadline is 4:00 p.m. in our office the Wednesday before the program begins or online Wednesday night by 11:59pm.**

***There is a \$25 processing fee for any refunds.**

CHILD:

Name: _____

First MI Last

DOB: ____ / ____ / ____ Current Grade: ____ Age: ____ Sex: ____

Street Address: _____

City/Town _____ CT Zip _____

Home Phone: _____ School attending: _____

Parent/Legal Guardian/1st Contact:

Relationship: _____

Name: _____

First MI Last

Phone: H ____ - ____ - ____ W ____ - ____ - ____

Email: _____ C ____ - ____ - ____

Parent/Legal Guardian/2nd Contact:

Relationship: _____

Name: _____

First MI Last

Phone: H ____ - ____ - ____ W ____ - ____ - ____

Email: _____ C ____ - ____ - ____

Emergency Contact:

CIRCLE ONE :

A. SAME AS FIRST CONTACT

B. SAME AS SECOND CONTACT

C. OTHER (PLEASE FILL OUT BELOW)

Name: _____

First MI Last

Phone: 1 (____) ____ - ____ 2 (____) ____ - ____

Email: _____ 3 (____) ____ - ____

PARTICIPANT HEALTH/CONCERN INFO

List all known allergies: _____

Any conditions/concerns to share with staff: _____

State all medications presently in use: _____

Circle Yes, No or None for any medications that need to be administered during the Youth Day Program. **A doctor's medication form is required for any medications administered. Forms are available in our office.**

- Epi-Pen YES or NO
- Inhaler YES or NO
- Prescription Medication YES or NO
- Over the Counter Medication YES or NO
- None

- Children are only registered for the week (s) that have been paid for.
- Camp OR bus changes, transfers and/or cancellations must be received in our office by 4:00p.m. on the Wednesday before program begins.
- Walk-in or Mail-in Camp Registration deadline is 4:00 p.m. the Wednesday before the program begins.
- On-line Camp Registration deadline is 11:59 p.m. the Wednesday before the program begins.

BUS TRANSPORTATION (PLEASE CHECK ONE):

All participants must be picked up by a parent/guardian from the bus unless they are enrolled in Camps Fun Time or Great Time.

☐ **Yes, child will take bus:** Please read the bussing info on page 10 & choose one location from the available list for pick-up and drop-off.

Morning Pick-up Location _____

Afternoon Drop-off Location _____

☐ **No, child will not take bus**

Turn the page over to finish the Application, please!

SUMMER YOUTH DAY CAMP REGISTRATION FORM CONTINUED

Fees and additional information on pages 8 and 9

<u>Week</u>	<u>Program Name/Number</u>	<u>Dates</u>	<u>Before Care</u>	<u>After Care</u>	<u>\$</u>
One		June 20 - 24	Snow Lawrence	Snow Lawrence	
Two		June 27 - July 1	Snow Lawrence	Snow Lawrence	
Three		July 5 - 8 No Camp July 4	Snow Lawrence	Snow Lawrence	
Four		July 11-15	Snow Lawrence	Snow Lawrence	
Five		July 18-22	Snow Lawrence	Snow Lawrence	
Six		July 25-29	Snow Lawrence	Snow Lawrence	
Seven		August 1 - 5	Snow Lawrence	Snow Lawrence	
Eight	Late Summer Fun @ Crystal Lake	August 8 - 12	N/A	N/A	\$ 120
	Christmas Toy Drive				\$ 1
				GRAND TOTAL	\$

MEDICAL RELEASE/PARENTAL PERMISSION FORM/FIELD TRIP PERMISSION: I hereby give permission for my child to participate in the Middletown Recreation Youth Day Programs. In the event photos are taken I hereby give permission for the Recreation Division to use said photos in promotional literature, including but not limited to, social media, brochures and flyers. I understand and agree that recreation programs can be physically demanding but, I feel my child has the physical ability needed to participate. In the event of an emergency and the parent/guardian/or contact person cannot be reached, I hereby give permission for my child to be transported to the Middlesex Hospital or any nearby medical facility. It is hereby understood and agreed that I shall assume full financial responsibility for any costs over and above that which is not covered by my health insurance. To the fullest extent permitted by law, I agree to indemnify and hold harmless the City of Middletown and its employees from any injuries or damages caused by or resulting from participation in this program. A photo static copy of this waiver form with my signature shall be considered as valid as the original. Additionally, the Recreation Division has my permission to take my child on any field trips that are planned for the Summer Recreation Programs. **REFUND POLICY:** I understand and agree that no refunds will be given after the program starts or for circumstances beyond the control of the Recreation Division (e.g. weather, equipment failure). Cancellations MUST be made before the program begins, however there is a \$25 processing fee for refunds. **BUSSING INFORMATION:** I have read & acknowledge receipt of the Bussing Information on page 7. **PARTICIPANT BEHAVIOR RULES:** I have read and acknowledge receipt of the participant's behavior rules on page 11 and understand failure to these rules may result in immediate dismissal from camp with no refund fees..



Parent/Legal Guardian Signature :

Date: _____

Office use only: Date _____ Staff Initials _____ \$ Rcvd. _____ Cash _____ Check# _____

Credit Card _____ Financial Aid _____ Scanned _____ Packet _____ Bus _____ Concerns _____ Med Form _____